



CAREGIVER OF THE YEAR APPLICATION: 2017

Name of Caregiver: \_\_\_\_\_ Caregiver's Phone#: \_\_\_\_\_

Address/ Contact info: \_\_\_\_\_

Nomination by: \_\_\_\_\_ Your Phone #: \_\_\_\_\_

Relationship to Caregiver: \_\_\_\_\_

Type of service: \_\_\_\_\_ Length of service: \_\_\_\_\_

What makes this person memorable: \_\_\_\_\_  
\_\_\_\_\_

What kind of specialized training has he or she had: \_\_\_\_\_

Where is he or she employed: \_\_\_\_\_

This application must include 3 letters of recommendation from different people.

Who should we be looking for letters from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information you would like to share as part of the application - a separate piece of paper can be used if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Winner to be announced at the Greater Hartsville Chamber of Commerce Annual Membership Banquet.

All Applications and Letters of Recommendation Due February 16, 2018

Please send all applications and letters of recommendation to:

Caregiver Award Committee  
2045 East Carolina Ave.  
Hartsville, SC 29550

OR : jandscampbell71@gmail.com